



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1994

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|
| SERIAL NUMBER 10/511,180 | FILING OR 371(c) DATE 10/14/2004 RULE | CLASS 523 | GROUP ART UNIT 1714 | ATTORNEY DOCKET NO. METPAT P72AUS | |
| APPLICANTS Lydie Livolsi, Reims, FRANCE; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/FR03/01199 04/15/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** FRANCE 02/04699 04/15/2002 | | | | | |
| ** SMALL ENTITY ** | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY FRANCE | SHEETS DRAWING 7 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 1 |
| ADDRESS 020210 | | | | | |
| TITLE Adjustable impression tray with variable geometry | | | | | |
| FILING FEE RECEIVED 605 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |